BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004								10/550734			
CLAIMS AS FILED - PART			(Column 2)			SMALL ENTITY		OTHER THAI		R THAN	
U.S. NATIONAL STAGE FEES					7	RATE	FEE		,		
	SMALL ENT. = \$ 150		LÀF	RGE ENT. = \$ 300	1	BASIC FEE			RATE	FEE	
EXAMINATION FEE Satisfies PC (4) = 3		F Article 33(1)- 50 / \$ 100		other situations =	1	EXAM. FEE		- OF	BASIC FEE	300	
SEARCH FEE . U.		U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400		\$ 100 / \$ 200 Other situations = \$ 250 / \$ 500		SEARCH FEE		\dashv	EXAM. FEE	201	
FEE FOR EXTRA SPEC. PGS.				/ 50 =		X \$ 125 =	 	-	SEARCH FEE	1407	
TOTAL CHARGEABLE CLAIMS 10		ninus 20 =				X \$ 25 =	 	-	X \$ 250 =	-	
INDEPENDENT CLAIMS m						X \$ 100 =	 	OR		 	
MULTIPLE DEPENDENT CLAIM PRESENT			· · · · · · · · · · · · · · · · · · ·			+ \$ 180 =		OR	X \$ 200 =	<u> </u>	
If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	 -	OR	+ \$ 360 =	<u> </u>	
	,					· • · · ·		OR	TOTAL	907	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL E	NTITY	OR	OTHER SMALL		
CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
ent *	Minus	***		=	ſ	X \$ 100 =		OR	X \$ 200 =	 	
FIRST PRESENTATION OF MULTIPLE DEPENDEN						+ \$ 180 =		OR	+ \$ 360 =		
					1	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1)		(Column		(Column 3)	_				·		
REMAINING · AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
nt *	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	_	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						+ \$ 180 =		-			
								L			
	TATION OF MU	TATION OF MULTIPLE DEPI	TATION OF MULTIPLE DEPENDENT CL	TATION OF MULTIPLE DEPENDENT CLAIM		TATION OF MULTIPLE DEPENDENT CLAIM	TATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = TOTAL ADDIT. FEE	TATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = TOTAL ADDIT. FEE	TATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = OR TOTAL ADDIT. FEE OR	TATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = OR	

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

at the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.